

The **Dental Assistant**

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JUNE 1932

VOLUME I, NUMBER 7

What Do You Read?

*"Tis knowledge we seek. With
knowledge comes success"*



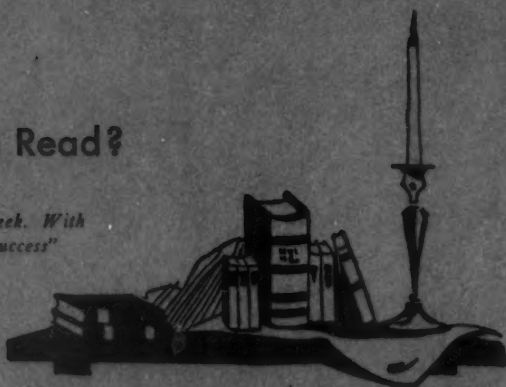
If the dental assistant would intelligently perform the duties of her service to the dentist and patient, she should have a broad acquaintance with all matters that affect the dental profession as well as those that pertain directly to the practical phases of her work. Nothing will aid her more to understand what the dentist is trying to accomplish in health service, and the part she plays in rendering that service, than well directed reading. The following current articles are suggested:

Journal of the American Dental Association	May 1932
"Relation of Dental Infections to Some Systemic Diseases"	Page 834
"Finding Fault" (Editorial)	Page 857
"Dental Therapeutics"	Page 861
"Behaviorism and Its Relation to the Child and the Dentist"	Page 884
The Dental Cosmos	
"Concerning Data, etc. . . In Dental Inlay Casting"	Page 474
"Law for the Dentist"	Page 491
Oral Hygiene	
"The Dental Dispensary and Oral Hygiene Movement"	Page 907
"Meeting the Challenge"	Page 920
"About Time"	Page 925
"Dental Economics and Humanity"	Page 940
"Dear Oral Hygiene"	Page 946
"Psychoaphonia"	Page 950
"Ask Oral Hygiene"	Page 960
The Dental Survey	
"Child Behaviorism in a Special Environment"	Page 25
"Nutrition and Related Caries"	Page 29
"Nutrition and Mouth Health"	Page 39
"Child Management in the Operating Room"	Page 41
The Dental Outlook	April 1932
"The Recent Trend in Dental Economics"	Page 162
"Current Dental Literature"	Page 181
The Dental Digest	April 1932
"Eliminating Mouth Infections with the Tooth Brush . . ."	Page 130

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The Dental Assistant

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JULIETTE A. SOUTHARD, *Managing Editor*

GERTRUDE GEHM, *Subscription Chm.*

MARY A. O'CONNOR, *Chm. Publication Com.*

Contributing Editors

FLORENCE D. CLARK
Brooklyn, N. Y.

MILDRED F. GRAHAM
Chicago, Ill.

MABEL C. CLARK
Newark, N. J.

HELEN WASSER
Pittsburgh, Pa.

ZELLA WOLFE, Los Angeles, Cal.

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The Value of the Office Assistant

by William Dwight Tracy, D.D.S., New York City, N. Y.

(Read before the Joint Meeting of the Dental Assistants and Dental Hygienists Associations of the Dental Society of the State of New York.)

May 11, 1932

It is my belief that the office assistant plays a very important role in the well ordered dental office. In a full or overflowing practice she is an absolutely essential factor and in the office of a young practitioner whose appointment hours are not all filled, but who has a growing practice, she must be regarded as a material asset. In the former type of office the assistant is constantly occupied in the pursuit of the manifold duties which experience has taught her to accomplish quietly and efficiently with the least possible loss of time and with a minimum of wasted effort. I am assuming that the young lady is of the right type physically and mentally; in other words, that she is blessed with normally good health without which she could not meet the requirements of her position; that she is a person of good character, fine instincts and earnestness of purpose and that she is endowed with a pleasing personality and refinement of manner. In addition to these qualities it will add further to her usefulness and to her own happiness in her position, if she is endowed with a reasonable degree of tact and a sense of humor.

After becoming familiar with office routine, the meeting and greeting of patients and getting them comfortably seated and ready for the operator, the assistant begins to feel at home in her position. She has become familiar with the manipulation of amalgam and cements, development of x-ray films, sterilization and care of instruments, preparation of anesthetic solutions and care of hypodermic syringes, receiving and transmitting telephone messages, the making of appointments, not to mention

many other activities that are an essential part of the day's routine. Her attitude toward her work in attending to her numerous duties may make or mar the professional atmosphere of any office, and it is perhaps needless to state that the average patient responds with unflinching accuracy to any inharmonious or any evidence of disorder or incompleteness of service in the operating room. It may not be amiss to say here that it is assumed that both the dentist and his office assistant are interested in developing a perfection of office service that will be maintained at a high level and that will always create a favorable impression upon the patient. Perfection, however, is rarely attained in any of life's endeavors and the dental operator who chides or volubly finds fault with his assistant in the presence of a patient is really more to be criticized than is his assistant who has made some error of commission or omission. It is an acknowledgment on his part that he has failed either in the selection of his assistant or in his ability to train her to meet the requirements of her position. Any error or mistake occurring while a patient is in the chair should, at the time, be passed over as lightly as possible. This will tend to quiet any misgivings on the part of the patient, and after the appointment is over or even at the end of the day the dentist can discuss the matter with the assistant in a manner that will avoid embarrassment and render a recurrence of the incident quite improbable. In past years I have had patients tell me that they had discontinued going to Dr. Blank, not because of any dissatisfaction with his completed work, but because they could

not tolerate his irascible and abusive treatment of his office assistant, which only goes to prove that the patient does react unfavorably to an atmosphere charged with inharmony. Statler, the great hotel man, many years ago introduced a slogan for the employees in his chain of successful hotels to the effect that no matter what had happened and no matter what complaint was entered the patron was always right. He realized that altercations between his patrons and his employees would create a bad impression and his instructions were issued to avoid this sort of thing. I do not think this attitude can consistently be maintained in a dental office; certainly not where professional matters are concerned, but when a certain type of spoiled and unreasonable person complains about this and finds fault about that, it is much better to adjust the complaint without altercation if possible than to enter into a discussion about it. After everything that is possible has been done for the comfort and convenience of some people they will still discover some item with which to find fault. The water in the glass is too warm or too cool, the head-rest is too high or too low, the light is too strong on the eyes or "I am sure I feel a draft in the room." This is where tact comes in. If the assistant is tactful she will meet all these petty complaints with apparent sympathy. She will even lower the curtain knowing that the operator will let it up again gradually as he proceeds with his work, or will even offer a little black bandage to place over the eyes. If she has a sense of humor she will chuckle inwardly and say to herself that she is glad she is not that woman's husband.

To be successful and to develop the maximum of efficiency in her position the dental office assistant must necessarily be contented and happy in her work, she must look upon her position as her chief opportunity for usefulness and service,

outside of her home, and must be prepared to accept the restrictions it places upon her and make such sacrifices as may be necessary to fulfill her obligations. The assistant who comes into the office looking hollow eyed and weary because of a late party the night before and drags through the day with one eye on the clock waiting for quitting time will not make a good record for efficiency.

Personal appearance, bearing, and method of contact with patients, are all important factors and have much to do with the impression made upon the people who come and go. A friendly smile and a cheerful "good morning" help to create an atmosphere of welcome while a constant reserve on the part of the assistant indicates clearly enough that she does not wish to intrude. A desire to help and an evident willingness to assist both the patient and operator in every way is commendable, but deliver me from the talkative and officious young lady who seeks to exhibit her importance by monopolizing the conversation and by assuming responsibilities with which she rightly has no concern. In the routine of a busy day it is a great comfort to the dentist to know that there is in the office a trained and competent person to respond to his every call and to meet his every need for assistance in the conduct of his work. Close association between the dentist and his assistant develops a sort of team work in which the assistant learns to think ahead and anticipate the wants of the dentist. She knows what he wants next and just when he is going to need it and it is ready for him without his asking. This all requires thoughtful attention on the part of the assistant and a definite interest and determination to develop the utmost skill and efficiency, but it is a major part of her job. Office activities must move along speedily, but always without haste or noise and it is interesting to note how some girls accomplish all this detail easily with no ap-

parent effort while others try so hard and make an utter failure. System in a dental office is an absolute necessity and when once well established is the means by which the assistant makes one of her most important contributions to the continuity of efficient functioning. Everything must be in place and always in place. Nothing is more annoying to the operator than to need a certain instrument in a hurry and to reach for it only to learn that it is not in its accustomed place.

In taking x-ray pictures the assistant is most helpful, and the girl who takes an interest in this work and really understands the developing technique and dark room procedure, and the mounting, recording and filing of films is in a position to render an invaluable service to her employer. We all recognize the importance of roentgenology as a factor in modern dental practice and must, therefore, acknowledge that the assistant who has mastered this work and can produce uniformly good films, always correctly mounted, is playing an important role in the scheme of office procedure.

From the dentist's point of view it is a satisfaction for him to know that there is a person always at hand to serve as a buffer between him in his operating room and the public outside, some one who will protect him from needless annoyance and unwarranted interruptions, some one with tact and diplomacy who can wisely discriminate between those telephone calls which he must necessarily answer and those which can satisfactorily be disposed of without his being disturbed. It is comforting to know that patients who come in in emergencies or who call without having made an appointment will be courteously met and plans made to meet their individual needs. I have spoken of the telephone. Do you all realize that receiving and transmitting telephone messages is an art? To make a pleasing impression on

the mind of the person on the other end of the wire is always essential and usually possible if the assistant has cultivated poise of manner and the other attributes I have mentioned. Any tendency to curt-ness or flippancy may be very obnoxious, and at the other extreme the oily and obsequious response is equally objectionable. The girl who says "all right" undoubtedly means to impart a cheerful and willing impression, but the words are entirely lacking in dignity.

The right kind of an assistant readily observes ways in which she may assume many responsibilities in connection with the office routine, and is always ready to relieve her employer. She must be "willing" to do these things and thus increase her usefulness. I have not spoken of stenography and typing, but if an assistant has skill along this line it makes a most happy combination as she can then take dictation and look after all correspondence and see that all letters are answered promptly and keep a check on outside matters in which her employer may be interested.

While I know of many high class office assistants who did not graduate from a school of oral hygiene and recognize the fact that any young woman of intelligence and determination can learn all the required details including dental nomenclature, my personal experience leads me to feel that a dental hygienist can be developed more quickly into an expert office assistant than can the girl who has no familiarity with dentistry in any of its phases. The graduate hygienist during her course has learned dental terminology so that she readily understands directions given to her, she has stood many hours at the chair and is, therefore, able to assist the dentist during his operations with skill and understanding. She has been taught the theory and practice of asepsis and is thoroughly impressed with the necessity of surgical cleanliness and as a matter of fact is

orientated to the atmosphere of dental practice. It is for these and several other similar reasons that I would prefer in taking on a new office assistant to engage a girl who had been trained as a dental hygienist. To the girls who master all the details required of the office assistant and who become efficient and invaluable to their employer without their D.H. I pay my tribute of respect.

To the dental hygienists who are pursuing their useful work in oral prophylaxis either in schools and institutions or in private offices I express my appreciation of their ministration to the well being of the people they serve.

Dr. Edwin N. Kent has well said that the efficiently trained office assistant is the dentist's "First Lieutenant."

The Call List

by Elsie Wetterlin, Minneapolis, Minn.

Member of the Minnesota D. H. & A. Association

Never in the history of dentistry has it been as necessary for the assistant to cooperate with the doctor in helping him to fill up his time at the operating chair, as it is now. The call list has come to play a very important part toward accomplishing this very thing. Almost every dental office is familiar with the call list. The call list itself necessitates a very extensive program and a constant alertness on the part of the assistant. For those who are not familiar with the call list, some of the kinds of call lists which are used in the general practitioner's office, might be described.

A call to a patient for periodical examination is perhaps the one which renders the greatest service to the patient and incidentally keeps the doctor's appointment book filled. Take the patient for instance for whom the doctor has just completed a large amount of operative work. The doctor has given the patient the health talk and the patient has been convinced of the value of returning to the doctor for a mouth examination and prophylaxis at the end of a six months' period. The doctor has explained to the patient that his assistant will call him or her at this time and the patient expressed his or her willingness to cooperate with this service. The patient

realizes that in this way time will be saved, less dental work to be done thus saving the patient money. Any cavities that are found will be simple and can be filled with less discomfort. The patient will be sure at all times, if he is following the doctor's toothbrush instruction, that his or her mouth is clean and healthy during this six months' period. Let's see for example how this actually works out in the dental office. Miss Smith who is a much occupied secretary is on the doctor's call list. The six months since her last visit is up and this is the first time she is being called. The assistant takes up the telephone, gives the number and gets Miss Smith. The assistant then says, "Miss Smith this is Dr. Jones office calling you. It is six months since your last visit to the office. May we make an appointment with you to have your mouth examined and a prophylaxis? We have 1 o'clock on Thursday which has not been reserved. May we reserve that time for you? (Letting Miss Smith know that we remember that 1 o'clock is her luncheon hour and that we do not have 1 o'clock open every day since Thursday has been specifically mentioned.) This time has been accepted by Miss Smith. This call is followed by an appointment card which is mailed to her,

stating the day and hour of her appointment, with a notation that at least 24 hours' notice must be given in case that the appointment is broken so that that time may be filled by another patient. This is one type of patient who appreciates the service that is being rendered and who will cooperate. Other types of patients from whom you may expect the same cooperation are business men, the housewife who distributes her duties throughout the day just as a business woman does, young men and women who are students and teachers or people who are connected with educational work. The one type which may prove difficult to contact and bring back to the office at the time she should come, is the woman who is socially active.

Not all patients are brought in as easily as Miss Smith, although they are willing to cooperate. For example, Mr. Watson, who is also on our call list and who is a buyer at one of the department stores, should be called. The assistant gets in touch with Mr. Watson on the telephone explaining that it is time for his four months' prophylaxis (four months in this case because he is a heavy smoker). We find that on previous appointments Mr. Watson has had four o'clock in the afternoon and as the assistant has four o'clock open on Friday afternoon, he is given this hour. He agrees to come. This agreement is followed by an appointment card. Friday at 4 o'clock Mr. Watson does not appear. No notice of a broken appointment has been received. A broken appointment is followed several days later by another call suggesting another appointment, which is made and usually kept.

A call list can also be kept of patients for whom teeth have been extracted and dentures are to be made. The assistant should call all extraction patients the day following the operation to inquire as to how they got along after they reached home. This touch of human in-

terest is much appreciated by the patient. Where patients are to have dentures, the assistant should call them in and have the doctor examine the gums. This service takes only ten or fifteen minutes and keeps the doctor in touch with the patient. When the gums are in proper condition to start denture work the doctor can make the suggestion that the work be started.

Another important part that the assistant plays in trying to help the doctor keep busy, is that of emphasizing to the patient the value of full mouth x-ray at least once a year. If any destruction is found in the mouth, the patient is benefited by having it found. If the mouth shows up to be in a good healthy condition the patient is reassured and given a clean bill of health. You have not only made a friend but a booster for the doctor's practice.

The last and most important call list is that of the children or students who go to school out of town and are home only for school vacations. It is necessary that children come to the office more frequently than adults. Many of them are wearing space retainers where deciduous extractions have taken place and permanent teeth have not yet erupted. Children who do not wear appliances must come in just the same so that their teeth can be cleaned and particularly that deciduous teeth may be checked for cavities. Small cavities found early can be easily filled, insuring the child against losing deciduous teeth before permanent teeth are ready to erupt. Students who are away to college and who are on the call list should be called during every school vacation. With children and students the mother should be consulted concerning all appointments. Such appointments should be made early in the vacation period so that if any operative work is necessary it can be completed before the student has to return to school.

If you have not placed much impor-

tance on the call list, now would be a good time to try it. Consult your doctor and see what kind of call lists you can work up in your office. By no means should the assistant assume the responsi-

bility of calling the doctor's patients without consulting him. By doing this the assistant will find that she can work with the doctor to bring greater success to his office.

In an Exodontist's Office

by Betty Rosenberg, N. Y. City

Member, E. & E. Soc. for D.A., 1st District, N. Y., Inc.

Fear and Pain

What is not known is feared. Everything pertaining to fear is unknown, for when it is known, it should no longer be feared. When entering a strange, dark room alone, no matter how brave one may be, fear is apprehended. But if a light is flashed on for an instant, one has already had time to be convinced that there is nothing to fear. This applies to a patient entering a strange office, (particularly an exodontist's office). The patient doesn't know what to fear, so fears everything and everyone. If, however, the assistant greets the patient with a disarming smile, they are agreeably surprised and the fear engendered is half dispelled. It is changed to curiosity and they have an animated desire to know what is going to be done. Even when a patient is in terrific pain, the assistant should smile sympathetically, this puts the patient at ease and he thinks,—"They won't hurt me here."

The patient's state of mind is reflected in the way he reacts to the anesthetic, therefore all that can be done to calm them should be done. If the patient is neurotic, convince him that no pain will be experienced, explaining that during sleep there can be no pain. This is true for when a person is completely anesthetized, no pain is felt.

Preparing the Patient

After taking the patient's history, it should be suggested they visit the lavatory, explaining that this is to prevent

personal discomfort. If this is done tactfully, they will understand and cooperate, otherwise it may upset whatever bravery they may have assembled.

In order to keep the patient calm and tranquil, see that the operating room is in complete order, that the room looks peaceful and not like a battle-field; used instruments should be either in the cabinet or sterilizer, and those that are to be used, should be placed on the operating tray ready for use, properly covered with a towel, to keep them clean and sterile as well as not to attract the attention of the patient. All garments around the neck and waist should be loose.

After seating the patient in the chair, place a rubber apron over their garments, explaining that it is to keep them clean, then place a towel over the apron, around the neck, and place a sterile towel around the head and fasten it under the chin, thus exposing only a small portion of the face and mouth. This keeps the field of operation as sterile as possible.

The patient is then ready to receive a general anesthetic.

General Anesthesia

General anesthesia denotes a complete insensibility to pain. To procure this state in dental operations it requires the use of several types of gases such as Oxygen, Carbon-Dioxide, Nitrous-Oxide, or Ethylene, or all four gases used together; but in general medicine, Ether and Chloroform are used plus these gases used in dentistry, where occasion requires.

Nitrous-Oxide has a sickish, sweetish, odor that patients do not find unpleasant and when inhaled for a few seconds, results in the loss of smell. Ethylene on the other hand, has a garlicky, obnoxious odor that is repulsive to the patient. Both are anesthetic gases and are used individually or together.

When Nitrous-Oxide is used, the patient is not relaxed, they cyanose, or become blue very quickly, and the anesthesia is superficial. There is an excitement stage where the patient may become violent. When using Ethylene, the patient is completely relaxed, has a normal color; when the anesthetic is properly delivered, there is no excitement stages, but it may create nausea if the anesthetic is given after the patient has eaten. With Ethylene the patient can be kept asleep for as long as one hour if necessary which is not always possible with Nitrous-Oxide. You can see therefore that these gases have their good and bad points. If the patient is properly premedicated, and told not to eat before coming to the office, vomiting and fighting are avoided, thus making it easier for the doctor and the patient.

The anesthetic is started by giving the patient Oxygen, Carbon-Dioxide and Nitrous-Oxide. After a few inhalations, when the sense of smell is gone, the Nitrous-Oxide is changed to Ethylene, but the amount of Oxygen and Carbon-dioxide is not varied. The latter two gases are of the utmost importance to sustain life. As the patient's life is in the hands of the anesthetist, it is well to remember that they must have the same amount of Oxygen as is received when breathing air, consequently the patient must be watched to see whether his color is normal and pink. If it isn't they must have more Oxygen immediately. Carbon-Dioxide is also of the utmost importance in sustaining life as breathing is controlled thereby. Above all, the anesthetist must remember that

the patient must breathe, for living as well as anesthesia purposes. Therefore, in case the patient is a shallow breather, or one that has stopped breathing, the Carbon-Dioxide dosage is increased. One inhalation of Carbon-Dioxide will force them to keep on breathing regardless of what is being inhaled.

To give any definite figures for inducing anesthesia would be futile as every patient is different. The patient is the indicator as to how much of each gas they require. If the patient is a big strong, robust man, it will take more of the anesthetic gas, Ethylene, (in this case Nitrous-Oxide would not be powerful enough to put him to sleep) and less of Oxygen, and if the patient is a weak, puny individual, he will require more Oxygen and either Nitrous-Oxide or Ethylene. When the doctor is through operating, the patient is given Oxygen to awaken him and to ventilate his lungs. If this is done, they can be dismissed from the office within a few minutes. It is not within the province of an assistant to administer a general anesthetic unless she is a trained nurse, or has had special training and is thoroughly competent. General anesthetic should only be administered under the direct supervision of the dentist.

How Do You Dress for Work?

"Business Betty rides downtown
Neat and sweet from sole to crown
In a smartly simple gown
With hat to match in soft brown."

"Tawdry Tess across the aisle
Wears a party dress of discarded style
Slippers that would not last a mile
A white lace hat and satisfied smile."

"Who'll be promoted?
Give a guess
Business Betty or Tawdry Tess."

The Patient's Safe Care of the Teeth

by William A. Spring, D.D.S., N. Y. City

Careful observation of human teeth during an active practice of forty years has disclosed appalling destruction of tooth substance and serious harm to the gums through incorrect methods of cleansing on the part of patients. Some patients owe 10% of their cavities to their own brushing, and some patients have brushed away the entire enamel from the labial surfaces of the upper incisors. It is naturally the duty of every dentist to carefully instruct all of his patients in a safe method in the prophylaxis of the mouth which will secure cleanliness and do no harm. The author has made a careful study and adopted a technique which has worked satisfactorily for several years and hereby submits it for consideration.

The teeth should be brushed lengthwise of their long axis and should not be brushed crosswise. It is almost equally important that they should be brushed from the gums and never against them. It is also definitely advantageous to brush the gums, and one is allowed to reach as far on the gum surface as possible. The gums should be cleansed and stimulated, but should not be scratched, therefore the bristles should not be held at right angles to the gums, but at such a comfortable slant, that they will sweep across them without scratching or pricking. It is not necessary to change this angle when the brush reaches the teeth, for experience has proven that by using a hard brush the teeth can be beautifully cleaned when the bristles are kept at the comfortable angle. The rotary movement sometimes recommended where the brush in circles engages upper and lower teeth in rapid succession frequently does real harm because the bristles are pushing against the gums either above or below a considerable part of the time.

Some dentists have advocated pointing the bristles down for the upper teeth and up for the lower, forcing the bristles between the teeth and then agitating the brush, making the bristles act like tiny tooth picks. The result claimed of cleaning well between the teeth is undoubtedly accomplished, but another and very unfortunate effect is produced, that of forcing away from the teeth a very important part of the gum structure. This leads to constantly increasing amount of food accumulation. With the exception of brushing the occlusal surfaces of bicuspids and molars, the entire brushing of all the teeth, inside and out should be lengthwise, from the gums, and with the bristles at an angle of about forty degrees.

The technique is really very simple. The brush should be grasped firmly and the position of the bristles established at the correct angle. Since the angle has been secured with every new position of the brush, it is well to stand before the mirror while brushing and since it is important, in order to avoid scratching the gums, to preserve the angle described, it will be immediately apparent that the stroke must be done with a full arm movement. The wrist must not be flexed or rotated, or in fact changed at all. The most power can be secured by keeping the elbow close to the body and since the sweep of the stroke is very short, the motion is very limited. One should adopt a regular routine to avoid missing any part of the mouth. For instance: brush the right upper side first, beginning with the last molar and continuing to the incisors, exercising care to have the mouth open enough to avoid reaching the buccal surfaces of the lower teeth. Grasp the brush firmly with the thumb on the back and brush down only. The up and down motion so often used is harmful because

of brushing so much against the gums. When the right side is finished, one can establish the bristle angle for the left side by placing the thumb in the depression on one side of the handle. On the right side below, the bristle angle can also be secured by placing the thumb in the depression on the other side of the handle and on the left side below, the thumb should rest on the front of the handle. After brushing the outside of the upper teeth down and the lower teeth up, one should, just as carefully brush the inside of the upper teeth down and the lower teeth up. It is very easy to do this on the incisors and bicuspid, but on the molars it is necessary to use a slightly side sweep to avoid crosswise brushing. It is just as important to avoid that on the inside as well as the outside.

It is well to repeat that the brush should never be rotated by a change in the position of the wrist because of the gouging action the bristles have on all depressions. At the cervical margin of buccal and labial surfaces, the depression formed by the contour of that surface of the teeth is subject to abrasion by the tooth brush and once this 'valley' is slightly deepened, the abrasion increases very rapidly. It is probably true that crosswise brushing will more rapidly cut into tooth substance, but it is also true that by rotating the brush, the bristles converge to the bottom of the groove and exert a powerful influence to increase the abrasion. The removing of last particles from between the teeth can be best accomplished with floss silk, but patients should be instructed how to use it without injuring the gums. It is permissible to draw it under the free margin next to each tooth, but very harmful to forcefully strike the gum midway between the teeth.

Nearly all patients are woefully ignorant of how to so brush their teeth as to avoid harm, but they are grateful for instruction and appreciate sincerely every

effort to help preserve health and integrity in these precious organs, and this paper is written in the hope that every practitioner who reads it will try the method and if convinced of its value, will then either personally, or with the aid of his assistant, instruct all of his patients in the way to cleanse thoroughly and harmlessly. Patients not only appreciate every effort on the part of their dentist to help them prevent cavities, but are touched by his thoughtfulness. One really ought to give each patient a fair chance by cleaning his teeth thoroughly, by removing all deposits, and every particle of stain both inside and out. If it cannot be finished at one sitting, one should explain the condition and the necessity for more time. Patients who have been in the hands of careless dentists, or those who have had no prophylactic care at all for a period of years, frequently have deposits which have been accumulating for twenty years or more, and yet from inexperience, may expect to have that work completed in a half hour. A careful explanation that two or more hours will be necessary to accomplish the work, is due the patient, and will usually secure co-operation, and in the end, proper remuneration, and will at the same time, convince the patient that he has at last got into the hands of a careful conscientious dentist.

One can usually safely assure the patient that if the prophylaxis is undertaken at proper intervals, one hour, in the future, will be sufficient to complete that work. When the cleaning has been completed, a most thorough examination is in order and a record made of all cavities, and loose teeth if any. One of the best ways to build up a practice is to be thorough in this kind of work. Some rather young practitioners languish for want of work when their patients are carrying around unsuspected cavities for want of thoroughness in the cleaning and examination of the teeth.

Our House of Dreams

by Zoa. H. Dickhout, Watertown, N. Y.

(President's Address delivered before the Dental Assistants' Association of the State of New York, May 11th, 1932, Albany, N. Y.)

Many times in meetings of dental assistant associations we hear references of our House of Dreams. We have heard it described so many times that it seems a reality to us and we have a picture in our minds of how it looks. The corner stones, *education, efficiency, loyalty and service*; the best of quality and laid by competent workmen. In my vision of this house there are three stories. The ground floor is occupied by the individual members and constituent societies. Busy, hurrying tenants, working by day and rushing out to classes and meetings in the evening, working to improve themselves and their surroundings. The second floor is given over to the state associations. There is not so much activity on this floor as they only attend a meeting once each year. Nevertheless, they are a busy family. All year long between these meetings they are working on plans to increase their value to the dental assistants of their state. They are very interested in the family downstairs and ever ready and willing to aid should misfortunes overtake their neighbors.

The top floor has for tenants the American Dental Assistants' Association. They like this floor where they can see east and west, north and south and picture in their minds the busy dental assistants that are working throughout our land. And thinking so they dream and see visions of a future for dental assisting that perhaps we on our lower floors are not able to see. Our vision is cut off by the worries of our every day life, our lack of knowledge of our duties, the feeling that our efforts are not appreciated or a million and one things that make our surroundings look drab and dreary. But our tenants on the top floor get a broader view of the country sur-

rounding us. They can see over that drab wall we stare at and on the other side they see a much more beautiful landscape. Like all good neighbors they know how much we dislike these walls and they are doing everything in their power to remove them or find a gate for us to pass thru.

At this time of the year it is the custom to inspect our house and see what repairs are needed and so we might inspect our "House of Dreams". First we will look over the foundation. Have we given it the attention we should? Have we done everything possible to maintain the strength of the cornerstones or are we allowing them to be undermined? If we allow our house to settle on these corners we will weaken the strength of the whole structure. Every tenant in the house should make an investigation and apply any means at hand to insure a firm stand for these cornerstones in all the years to come. Today the tenants on the first floor have just completed a very busy season. They have installed a new staff of servants and are already making plans for next year. Now is the time to make a thorough inspection of your home. Make the plans of what you wish to accomplish, select your working material and have your plans completed when your busy season begins after summer vacation. Aim high for nothing is gained without a goal to work toward.

The tenants on the second floor are having a birthday, the Fourth. As we look over our floor we see many things that can be improved. For one thing we have too many empty rooms. We have room for many more girls and we pledge ourselves to make the effort to reach every girl in our state before our next birthday. This past year has been a

difficult one, but it has taught many lessons. If you have observed you have noticed that business and professional men have cut down every expense that could be eliminated without impairing the efficiency of that business or profession. And the dental assistant must ask herself whether or not she has made herself an essential factor in the management of the dental office. The only way we can make ourselves of value to the profession is thru education. The best place we have at present to gain the general knowledge needed to be a successful dental assistant is thru the classes offered by our societies. Are you taking advantage of these opportunities, is your society doing its best to supply this need? Never was there a time when the need was as great for these classes as the present time. Girls are being forced to seek employment in offices where the duties are strange to them. If we meet this need we may see a time when we will look back on these lean years as a blessing in disguise.

The top floor tenants are busy making plans for their meeting this September.

The opportunity we have to meet with them is one that should not be overlooked. We have spoken of their broader vision of dental assisting and it will be worth the effort of every dental assistant to attend that meeting and see and hear the plans they have for us. You will return with greater respect for the calling you have chosen, with courage to go on in spite of present difficulties and with new ideas to make your path easier and more pleasant.

If I have one criticism to make of the occupants of our "House of Dreams" it is that we are apt to think of each floor as a separate unit. We are one family, bound by the common tie of our efforts to raise the standard of dental assisting and to better serve the profession of dentistry. The calling we have chosen is a noble one, worthy of our best efforts. Let's not worry over present difficulties but work to overcome them. Work together toward the goal we seek to reach and some day we will have the pleasure of seeing our "House of Dreams" as we hope to have it. A noble structure, housing respected, professional women.

You Have to Cross The Valleys

By DOUGLAS MALLOCH

You will have to cross the valleys if you want to climb the hills,
The unexciting journey through the unexciting ways;
It is not the trail that wearies, it is not the climb that kills—
It's the ordinary labor of the ordinary days.

It's the waiting and the working, and the ordinary task,
It's the long and dusty highway, it's the valley that you tread
That will show the world that it isn't just the glorious you ask,
That will show you have the courage for the greater task ahead.

You will come to vales of sorrow, to the hot and thirsty plain,
You will come to disappointment, and to weariness, and ills;
But, your eyes upon the summit, pick your burden up again—
For you have to cross the valleys if you want to climb the hills!

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"T. Natsissa Latned"

GERMS

Gather round, all you *microorganisms* and hearken to this. Did you read that statement in "OUR" monthly publication, May issue, page 3, 2nd column, 8th line from bottom and so on, that some folks think we are of animal origin when we really belong to the *vegetable* kingdom. Now, my little cabbages, squashes, and turnips, what say you to that? No wonder we get boiled, and steamed, and scalded, and baked, and stewed, and pickled, and . . . What?—no!! Certainly not. I am not speaking of that kind of *pickled* or *stewed*.—What's that? You have heard of lots of prominent d— Shh!! No gossip please. You do know—well that will do. Just watch your step. . . Speaking of *vegetables*, I am reminded that in days of old certain *vegetables* were thought a balm for tooth ache. The ancient Greeks applied a decoction of asparagus roots to an aching tooth, and asparagus juice was recommended by Pliny to strengthen weak teeth. Water cress tied around the neck was another tooth ache cure, and a cucumber decoction was used as a mouth wash for aching teeth. Garlic, too, was extensively used, directly applied to the aching tooth or tied to the wrist (the pulse) on the side where the teeth were aching, or placed in the ear. The Chinese made pills of roasted garlic, chopped horseradish seeds, and human milk, and placed one in the nostril on the opposite side where the pain was felt. Horseradish, leeks, onions, parsley, parsnips, rhubarb, all of these have been used by various peoples as a toothache remedy. . . Strange? What's strange?. Did folks suffer with *Halitosis* in ancient Greece? How do I know? Oh!! you have met people who eat onions and garlic. . . I'm bothered and confused. How come? Well, in olden days *vegetables* were used to cure tooth ills, and in our modern days we know that *vegetables* are the cause of tooth ills, and we are told that *vegetables* build better teeth, and people use *vegetables* for soups, and stews, and pickles, and . . . what am I talking about? . . . I've gone *hay wire* you say . . . Scatter!!! See you later, here comes that D.A. with her bottle of C_2H_6O and a wicked gleam in her eye. She has just learned that *spirits frumenti* is a sure remedy for a clean bracket table. This world is full of woes, for the toilers.

Yours for bigger and better pumpkins,

—SPIRO KEET. 

The Dental Assistant

A Monthly Publication

A Journal for Dental Assistants Devoted to Their Interests and Education.

All communications for publication must be in the hands of the Editor on or before the tenth of the month previous to publication. Publication of statements, opinions, or other data is not to be understood as an endorsement of same by the magazine or its publishers.

NEW YORK CITY, MAY, 1932

EDITORIAL DEPARTMENT

LOYALTY

Loyalty, as defined by Webster, means: "The quality of being faithful or true, as to a friend." But Elbert Hubbard has more understandingly explained it regarding our position when he said: "If you work for a man, in Heavens' name, work for him—speak well of him—think well of him, stand by him and stand by the institution he represents. I think if I worked for a man I would work *for* him. I would not work for him a part of the time and the rest of the time work against him. I would give an undivided service or none."

'An undivided service or none'—I wonder how many of us give our employers the *undivided* service that is so essential in our kind of work particularly? We know that a dental office cannot be more than one-half efficient without an assistant, or if the assistant functions poorly in her duties. Knowing this we should be on our toes all of the time to help our doctors make a success, as their success also brings success to us. Perhaps our livelihood and the comfort of others depend upon our position. The more successful the doctor is the larger your earning power will be.

Time after time we have heard the fundamental essentials to our success, but the most important thing underlying all the rest in all cases is loyalty—without it our office is built on hypoplasia, and cannot withstand the tide of competition which is so keen today. Without loyalty on the doctor's part, as well as the assistant's, trivial differences will appear to be large grievances and soon become unbearable.

Loyalty is not essential only in the office but outside as well. At times, perhaps, it would be much easier and much more agreeable to the company we are in if we would add something detrimental to what they have said of our doctor. This is the time to show your true loyalty. It is unfair to speak slurringly of one with whom you work eight hours or more each day—upon whom you depend for a livelihood if for no other reason, but a still better reason is that we know the man of whom we are talking better, perhaps, than anyone else outside of his family, and we are taking an unfair advantage by telling his faults and idiosyncracies to people who have, perhaps worse ones than he. Furthermore, we cannot expect to gain anything by this show of disrespect as people put us down also. They wonder, if the things you say are true, if his faults are as many as you say, if he is so domineering and impolite, why you continue working with the man for whom you hold no respect.

There are other ways of showing disloyalty than by words. Your time, between eight and five, is paid for and belongs to the doctor for whom you are working. Do you give him this time? Or use it for yourself in various small ways—as: long telephone conversations, stopping to visit or shop if on an errand—do you try to make every minute of his day count to the best advantage for him? There are numerous small things you can do that will be advantageous to the both of you if you will.

In thinking of our positions do we think of the service we can give or of the money we receive? "Folks who never do any more than they get paid for—never get paid for any more than they do." So said Elbert Hubbard. If our idea is service, we will find that we succeed financially much quicker than if it is only mercenary.

Success is progress. To progress we must have co-operation; and if you want the co-operation of the man with whom you work you must show him that you are loyal to him. Henry George believes that one of the big causes of the present depression is an inferiority complex of men in all businesses. He further states that the majority of employers are not sure of their employees' attitude toward them. According to this, the United States needs more 'faithful and true' employees. Look around among those whom you recognize as having been successful, they have, in nearly every case, someone upon whom they can depend and know is loyal to them. Not one who has excuses, concomitant, for everything; and remember—if put to a pinch, an ounce of loyalty is worth a pound of cleverness.

A wonderful example of loyalty was portrayed fifteen years ago when millions of men and women went to their death out of loyalty to their country; she declared war and they were loyal to her—they even died for her! If men and women are loyal to their country to such an extent should we not be so to our own country fellowmen? For this we should constantly strive and the one way to be sure we are improving in this respect is to look into our own hearts and see if we are being true to ourselves, because as Shakespeare has written,

"Above all, to thine own self be true,

And it must follow, as the night the day—

Thou canst not then be false to any man."

GERMAINE HALLENBECK
Guthrie, Oklahoma

VALUES

If I give you a dollar and you give me a dollar we each still have a dollar, and are no better off than we were before:—

— But —

If I give you an idea and you give me an idea we each have two ideas, and our gift has increased a hundred fold.

Multiply this transaction by a score and you have, the aim and object of the Dental Assistants Association.

Translate this into the satisfaction of work better done; of difficult tasks made easier; and a working knowledge in new fields gained; add to this the social features you may enjoy; the feeling that you are not traveling your road alone but in the company of hundreds; and the assurance that you now have a place to which you may go for advice and assistance when difficulties arise, and to find a sympathetic ear when you feel that your troubles must be told; and you will, I believe, get a better conception of the advantages to be gained by becoming a member of such a society.

Devote a few minutes to serious thought on the above declaration, and then, if convinced of its truth, present the proposition of membership to your non-affiliated Dental Assistant friend and, as a result, your Association will become stronger and your own connection therewith more valuable to you.

HELENE MEYERS.

(From the April Bulletin of the Cincinnati Dental Assistants Association)

THE QUESTION BOX

Elizabeth V. Shoemaker
Kew Plaza, Kew Gardens, L. I.

- Q. Should gold castings or other various types of gold restorations be placed in a solution of Bicarbonate of Soda when removed from the cleaning acid?*
- A. Yes—first hold (with pliers) under running water to remove excess acid and then place in the Bicarbonate solution.*
- Q. I am a Dental Assistant in the Middle West and have very protruding teeth. Is it possible at my age, twenty-eight, to have this corrected?*
- A. Yes. We are so informed by an Orthodontist. Orthodontia has advanced rapidly in adult cases with successful results in cases of malocclusion. Of course cases started at your age take longer than those started in childhood on account of the advanced calcification of bone.*
- Q. Is Black's Mixture the same as 1-2-3 Mixture?*
- A. Yes.*
- Q. What causes instruments to rust? I always sterilize them in boiling water.*
- A. Be sure to clean thoroughly before placing in the sterilizer. Remove as soon as they have boiled ten minutes and at once wipe dry. Place instruments under cover in a dry place. Drain sterilizer each day and add one of the various good preparations that help prevent rust. In some localities the water contains certain chemicals which corrodes or stains metals more rapidly.*
- Q. In placing the casting ring on the fire should the sprue hole be on the top or bottom?*
- A. For a slow "burn-out" the sprue hole is on top; for a fast "burn-out" the sprue hole is on the bottom, or the ring is turned on the side.*
- Q. What do you think of members of a Dental Assistant's Society smoking during a meeting? Do you think this is "womanly or dignified?" I attended a meeting where this was done and it did not impress me as being in keeping with the occasion.*
- A. There is a time and place for everything and we do not approve of smoking during meetings or clinics. There is a certain professional dignity to be maintained, and smoking at such a time is discourteous to the presiding officer. Furthermore it is the "fitness" of things we should consider, and smoking should be kept for "after hours" and strictly social functions where permitted. Furthermore, there are still women who do not smoke and consider it a nuisance when practised by others. Patients also dislike the odor of tobacco which clings to the breath and hands of those working for them. May we add that gum chewing under the same conditions is obnoxious.*
- DO YOU KNOW THAT:** It is more agreeable for the dentist and patient if the mouth is thoroughly sprayed with a diluted mouth wash before the work is started.
- DO YOU KNOW THAT:** Linen tape dipped in Chloro Percha until saturated, makes a good medium for slow separation of teeth.

We invite our readers to send in questions and suggestions. Personal replies will be sent upon receipt of self addressed and stamped envelope. Data must be received the 8th of the month for the issue of the succeeding month.

E. & E. Society for Dental Assistants 1st District, N. Y., Inc.

Meetings:

The Society has adjourned its stated meetings for the summer months, and will reconvene on Tuesday evening, October 11th; time and place will be announced later.

Clinic Club

The Clinic Club has declared a summer recess, and will reconvene on Monday evening, September 19th. The time and place will be announced later.

Classes

The classes of special instruction in various phases of assisting will be resumed at the beginning of the Fall season. A Questionnaire will be mailed to each member for their choice of subjects, and evenings most convenient for class meetings. Classes will be organized for ten (10) or more members.

Library

The books and other contents of the library are available to the members during the summer months. This season of

the year is a very good one to enrich our minds with information of an educational value, as we have more time than in the hurried period of the winter's activities. We have added a new book to our store of first class publications "Manual for Dental Assistants" by Dr. A. E. Webster of the Dental Faculty of the University of Toronto, through the courtesy of the Author. Address the Librarian, Sylvia Messenger, 516 - 5th Ave., N. Y. City.

Hear Yell! Hear Yell!

A card party and social will be held on June 14th, (Tuesday) at 8 P.M. at the office of Dr. E. Reiner, 432 Palisade Ave., Cliffside, N. J. Mary A. O'Connor will be the Hostess. Subscription fee Fifty Cents (50) including refreshments. Dr. Reiner's office is very easy of access via various means of transportation. Telephone any of the officers and they will give you all details. Every member of the society is expected to be present. DO NOT MISS IT, BRING YOUR FRIENDS, including the boy friend.

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1st District, N. Y., Inc.

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American Dental Assistants Assn.

Eighth Annual Meeting, September 12-15, 1932, Buffalo, N. Y. Plan now to attend this meeting as a part of your vacation. Dentists, Dental Hygienists, and Dental Assistants will be made cordially welcome.

RUTH F. ROGERS, *Pres.*

RUTH M. CLARK, *Gen. Secy.*
Suite 1—4 Scofield Bldg., Minot, N. Dakota.

American Dental Hygienists Assn.

Will convene for its ninth annual meeting in Buffalo, N. Y., September 12th to 15th, 1932. A varied and interesting program is planned. A cordial invitation is extended to dentists, dental assistants, and dental hygienists.

EVELYN GUNNARSON, *Pres.*

475 Fifth Ave., N. Y. City.

D.A. Assn., State of New York

Held at Albany, N. Y., May 11-13, 1932

The officers elected at the Fourth Annual Meeting are as follows: President, Zoa H. Dickhout, 344 Woolworth Bldg., Watertown; 1st Vice-President, Gertrude H. Carhart, 333 Linwood Ave., Buffalo; 2nd Vice-President, Robina A. McMurdo, 140 East 80th St., N. Y. City; General Secretary, Julia Schultz, 146 E. Water St., Elmira; Treasurer, Rosemarie Cornelis, 509 West 110th St., N. Y. City; Directors, Agnes Stange, Buffalo, and Marion Rice, Elmira. The Award for the best clinic was presented to the Dental Assistants' Study Club of Brooklyn for their presentation of a clinic entitled "Method of Tooth Brushing," being a demonstration

on models, to patients, aiding them to understand the correct way to brush their teeth according to their dentist's instructions. The First Honorable Mention was awarded to the E. & E. Society for D.A. of the 1st District, N. Y., for a clinic on "The Dental Assistants' Role in Newer Methods of Radiography." The Award for the best poster was also won by the Dental Assistants' Study Club of Brooklyn. This poster will be sent to the Poster Exhibit of the A.D.A. Assn. at Buffalo in September.

**Monmouth Co. D.A. Assn.
(New Jersey)**

The Annual Banquet of this Association will be held on the evening of Wednesday, June 29th, 6:30 P.M., at the Homestead Tea Room, 700 Grand Ave., Asbury Park, N. J. Price per cover \$1.50. A cordial welcome is extended to the members of the societies within access to this locality. It is hoped that these societies will plan to charter a bus for their members and make the trip to Asbury Park as an afternoon and evening outing. For particulars address Edith Worth, Secretary, 12 Broad Street, Red Bank, N. J., c/o Dr. W. M. Pearce.

Georgia State D.A. Assn.

The Fourth Annual Meeting will be held in Atlanta, June 8-9, 1932—Ruth F. Rogers, President of the A.D.A. Assn. will be Honor Guest and Speaker. All dental assistants are cordially invited to attend.

PHOEBE HAYES, *Pres.*

619 Grant Bldg., Atlanta, Ga.

This department is devoted to ALL the societies affiliated with the American Dental Assistants Association, who are URGED to send in news items each month. We also will be pleased to publish items of interest from the dental societies and from the societies for dental hygienists. Data must be received by the 8th of each month for the activities of the succeeding month.



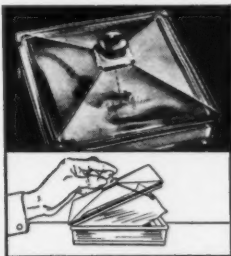
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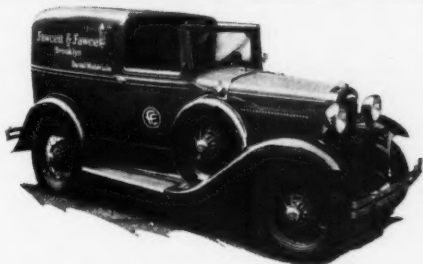


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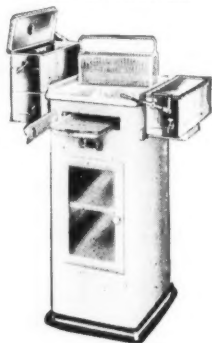
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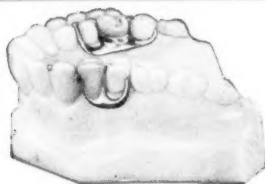
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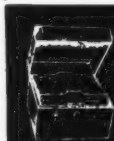
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